



**TOWN OF DIGHTON**  
**BOARD OF HEALTH**  
1111 SOMERSET AVENUE  
DIGHTON, MA 02715  
TEL: (774) 872-0943

FOR OFFICE USE ONLY
PERMIT NO: _____
DATE: _____
CHK NO & PMT: _____

**GENERAL LICENSE/PERMIT APPLICATION**

This is a general application for a license that the Board of Health may grant. All license(s)/permit(s) application to the Dighton Board of Health must be accompanied by the following information.

Indicate if license is: New \_\_\_\_\_ Renewal \_\_\_\_\_ Transfer \_\_\_\_\_ Other \_\_\_\_\_

List type of license(s)/permit(s) applying for:

<input type="checkbox"/> Cabin, Motel, Lodge \$100	<input type="checkbox"/> Tanning Establishment \$125
<input type="checkbox"/> Body Art Establishment \$200	<input type="checkbox"/> Body Art Practitioner \$100
<input type="checkbox"/> Other _____	

OWNER(S) NAME: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

TELEPHONE & CELL(S): \_\_\_\_\_

BUSINESS EMAIL: \_\_\_\_\_

LOCATION WHERE LICENSE IS TO BE USED: \_\_\_\_\_

DAYS OF OPERATION: \_\_\_\_\_

HOURS OF OPERATION: \_\_\_\_\_

DESCRIPTION OF PREMISES: \_\_\_\_\_

Pursuant to MGL Ch. 62C, Sec 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state and local taxes required by law and agree to comply with the terms of its license/permit and applicable laws, rules and regulations related thereto. I hereby certify that the information contained in this application is true and authorize the Licensing Authority or its agents to conduct whatever investigation is necessary to verify the information contained in this application.

**Operating without a proper license / permit will result in double permit fees plus applicable MGL fines.**

**An additional fee of \$50.00 will be the applicant's responsibility if a re-inspection is necessary.**

\_\_\_\_\_  
Signature of Individual or Corporate Officer (if applicable)

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Federal Tax Identification Number (FEIN)